

should be noted that the side effects as reported are those that are seen quite commonly in what can be construed as high doses of Dexedrine® which these authors were using. The overwhelming majority of children in whom amphetamines are indicated will be responsive to doses in the neighborhood of 5 to 15 mg, given only once daily, and it is hardly surprising to see the type of effect that they note when they were using 10 to 20 mg, twice daily. Unfortunately, it is side effects of this nature which have given many lay people such a bad impression of medication for what is such a common problem; namely, these normally preventable side effects which may be related to injudicious prescription of improper compounds but more particularly to injudicious use of excessive doses.

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Informed Consent

TO THE EDITOR: As a physician performing frequent cerebral arteriography and facing this issue, I am compelled to comment in response to Dr. Rosenberg's excellent article on informed consent. [Rosenberg SH: Informed consent—A reappraisal of patients' reactions (Medical Jurisprudence). Calif Med 119:64-68, Nov 1973].

There seems to me to be an assumption on the author's part that *medically* the cerebral arteriogram is in the patient's best interest—with which I concur. And the further assumption that *medically* the risks of the procedure are outweighed by the benefits. I agree with the second assumption as well. However, despite the available percentages, I believe that once the *probabilities* of such complications are made clear to the patient, the weighing of risks should be the patient's judgment, for *he* is the one to bear the consequences.

In other words, I believe that patients should retain the right to "abuse" themselves and refuse to undergo procedures in which they do not feel the risk outweighs the benefit *to them*.

Conversely, I think the physician is arrogant and short-sighted when he resents the patient's refusal on informed consent. The patient's *medical* best interest should not be confused with his *general* best interest. That decision is beyond medicine and the physician. It is highly subjective and ultimately must rest with the patient only.

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Acupuncture

TO THE EDITOR: The article [Lewin AJ: Acupuncture and its role in modern medicine. West J Med 120:27-32, Jan 1974] by Dr. Andrew Lewin on acupuncture seems to depart from that scientific objectivity which is supposed to be the basis for modern medicine. Since when does an article from the "New Chinese News Agency" provide the type of documentation we need for a rational approach to medicine?

When the author makes a statement such as "a large proportion of surgical morbidity is due to complications of anesthesia, rather than to the procedures themselves," this reader is inclined to look with scepticism at the rest of his thesis.

If he really wants to promote the investigation of the mechanisms and uses of acupuncture, Dr. Lewin would do well to use only a reliable bibliography and to refrain from the use of irrational statements as to the need for this investigation.

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The Author Replies

I agree with Dr. Reuben J. Balzer's contention that the New China News Agency, as well as several others of the references cited, cannot be considered incontrovertible scientific sources. However, at the time the article was written reliable bibliographic material was not available. For this reason, I was very careful to state that the validity of the material and the reliability of the sources were definitely in question. In the last year under the auspices of the National Institutes of Health as well as many private organizations, research has begun on the efficacy and pathophysiology mechanisms of acupuncture. Future articles will no doubt be able to rely on more definitive sources.

There is no point in arguing about the quantitative contribution of anesthesia to operative morbidity and mortality since data collection and interpretation of this problem are subject to multiple errors and biases. The basic point I was trying to make was that by avoiding general anesthesia in poor risk patients, a reduction in morbidity and mortality should be able to be achieved.

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